



COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am an original, first, and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled **METHODS AND REAGENTS FOR THE TREATMENT OF DISEASES AND DISORDERS ASSOCIATED WITH INCREASED LEVELS OF PROINFLAMMATORY CYTOKINES**, the specification of which was filed on September 24, 2003 as Application Serial No. 10/670,488.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with 37 C.F.R. § 1.56.

FOREIGN PRIORITY RIGHTS: I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or (f), or § 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Country	Serial Number	Filing Date	Priority Claimed?
			Yes/No

PROVISIONAL PRIORITY RIGHTS: I hereby claim priority benefits under 35 U.S.C. § 119(e) of any United States provisional patent application(s) listed below filed by an inventor or inventors on the same subject matter as the present application and having a filing date before that of the application(s) of which priority is claimed:

Serial Number	Filing Date	Status
60/413,040	September 24, 2002	Abandoned
60/417,261	October 9, 2002	Abandoned
60/427,526	November 19, 2002	Abandoned
60/464,753	April 23, 2003	Pending

NON-PROVISIONAL PRIORITY RIGHTS: I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

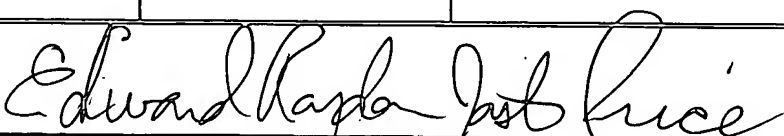
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


I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Paul T. Clark, Reg. No. 30,162; Karen L. Elbing, Ph.D., Reg. No. 35,238; Kristina Bieker-Brady, Ph.D., Reg. No. 39,109; Susan M. Michaud, Ph.D., Reg. No. 42,885; James D. DeCamp, Ph.D., Reg. No. 43,580; Jeffrey Ellison, Ph.D., Reg. No. 51,649; J. Cooper McDonald, Ph.D., Reg. No. 52,011; Jan Tittel, Ph.D., Reg. No. 52,290; Michael J. Belliveau, Ph.D., Reg. No. 52,608; R. Todd Armstrong, Ph.D., Reg. No. 54,590.


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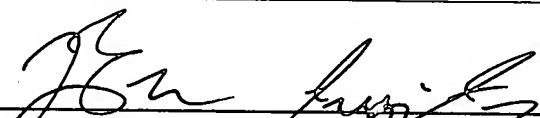
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

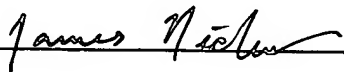
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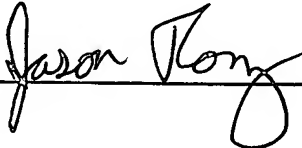
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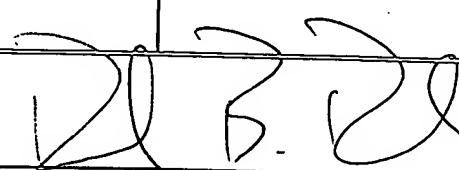
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Signature: <i>see attached</i>			Date:

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Signature: <i>see attached</i>			Date:

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Signature:			Date:

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Signature:			Date:

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
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Signature:			Date:

Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Citizenship
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Signature:			Date: